

# **COFRS Vendor Hold**

## **Employee or Independent Contractor Status Form**

**Instructions:** Please complete this form if your agency has a COFRS vendor hold that has been activated, due to the vendor/sole proprietor being a current or former state employee. Please complete those questions that apply to the specific hold as completely as possible. If information is not provided or is unclear and DPA is unable to make an adequate determination of worker status, the hold may not be released and the vendor cannot be paid. Please note that holds involving current state employees will require further inquiry and examination.

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**Name and 997 or SS# of current or past state employee:**

**Behavioral Control:**

1. Agency instruction and/or training of the vendor to provide the services:
  - What type of instruction did your agency provide the worker?
  - What degree of instruction did your agency provide the worker?
  - What type of training did your agency provide the worker?
2. How is your agency going to evaluate the worker's performance?

**Financial Control:**

3. Has the worker made a personal investment by purchasing equipment, tools, materials or facilities, to provide the services?
4. Will the worker's expenses related to the services being performed be reimbursed by your agency?
5. Does the worker have a possibility of a loss or an opportunity for a profit in providing the services to your agency?
6. Are the services provided by the worker available to the market, or are they specific to your agency?
7. Does the worker have his or her own place of business?
8. Will your agency pay the worker by the hour or a flat fee?

**Type of Relationship:**

9. Is there a written state contract between the worker and your agency?
10. Does the worker offer their services to the general public and have other clients?
11. Did your agency provide any benefits to the worker?
12. Did your agency contract with the worker for a specific timeframe or is the period indefinite?
13. Are the services the worker is providing a key part of conducting agency business?

**Personnel Related Questions:**

14. Have the contracted services ever been or are currently being conducted by a state employee?
15. Is the need to contract with the worker due to a current state position(s) vacancy?
16. What are/were the worker's job duties and job title while performing work as a state employee?

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17. If a past state employee: when did the worker leave state employment and how long where they employed with the state? Please provide all state employment hire and separations dates for the worker.
18. Is the vendor working for the same agency for which they are currently or were employed with?
19. What type of work is the worker currently performing that is the subject of this inquiry?

### **Confirmation and Verification – completed by the department that generated the COFRS vendor hold.**

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#### ***Overall determination (independent contractor or employee)***

*Provide brief explanation of determination, supported by the answers to the above questions*

#### ***Person providing information to complete the form***

Name and Title:

Phone number and Email address:

#### ***Verification by the Certified PCP Personal Services Human Resource Specialist***

Name and Title:

Phone number and Email Address:

### **Outcome of the COFRS Vendor Hold – completed by DPA**

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*Hold released: Yes\_\_\_ No\_\_\_*

*Agree or Disagree with Department's determination and explanation*

*Personnel action taken: Yes\_\_\_ No\_\_\_*

*Type of personnel action taken and any additional comments:*

#### ***DPA worker status determination***

Name and Title:

Phone number and Email Address: